



**TOWN OF EASTON PARKS AND RECREATION DEPARTMENT**  
**BASEBALL / SOFTBALL CAMP REGISTRATION FORM**

**Participant information:**

Name \_\_\_\_\_

Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Type of Camp: Baseball \_\_\_\_\_ Softball \_\_\_\_\_

Weeks requested: June 23 – 26 \_\_\_\_\_ am/pm      June 30 – July 3 \_\_\_\_\_ am  
July 7 – 10 \_\_\_\_\_ am/pm      July 14 – 17 \_\_\_\_\_ am/pm  
July 21 – 24 \_\_\_\_\_ am/pm

Medical Concerns: \_\_\_\_\_

**Parent/Guardian (please print)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email \_\_\_\_\_

**Emergency contact information:**

Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Alternate emergency contact:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury or death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify and agree to hold the Town of Easton, all agencies, its officers, agents and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of an act or omission related to the program(s) offered by any affiliated program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_